

Hartland Way Surgery

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HARTLAND WAY SURGERY **PATIENT PARTICIPATION GROUP MEETING**

MINUTES OF MEETING HELD ON 18 January 2018

Attendees: Dr Gardiner, Dr Ingram, Robert Goldsmith, Michael Mansfield, Eric Green, Avtar Aydee, Maud Culhane, Susie Prior

Apologies: Rena Amin, John Kingdom, Derek Ritson, Helen McMullan

In attendance: Sylvarani Nair, Personal Independence Co-ordinator Team Leader

1. **Welcome and introductions**

Dr Gardiner opened the meeting and welcomed the new PPG member, Avtar Aydee. He also welcomed Mr Thomas McMullan who was attending in place of his wife, Helen

2. **Apologies noted from non-attendees**

3. **Conflict of interest:** None

4. **Minutes of the last meeting:** approved. MC confirmed that "surgery best in Borough or A&E" meant least attendance. DAG confirmed this was the case.

5. **Matters arising from last meeting:**

No matters arising

6. **Personal Independence Co-ordinator Service (PIC)**

Dr Gardiner welcomed Sylvarani Nair to the meeting who was able to give the Group an overview of the PIC service being rolled out across the surgeries in the borough.

PICS are employed by Age UK and have been working in Croydon for 2 years and have now increased their number from 6 to 23 Personal Independence Co-ordinators and are now working with all surgeries

In conjunction with surgeries, they use a risk stratification tool to help them identify patients who may benefit from their service. The criteria they apply is those aged over 65 with two recent hospital admissions and two long term conditions.

They don't operate on a medical model; their aim is to focus on the individual and work with people holistically to help achieve a better quality of life. This starts with a 'guided conversation' where people are encouraged to identify goals, not necessarily medical, that will help them achieve a feeling of well being. Therefore, they are 'people' not patients or clients.

PICS build a rapport with people, they are not time limited in the way that other community services are. Typically they will work with a person for 12 weeks, but maybe less.

Help may take the form of:

Benefit assistance – helping to claim what people are entitled to

Clear space – helping to tidy home and therefore aid fall prevention

Social activities – held at Brigstock Road – yoga, zumba, bingo for example

Once identified, there is a letter together with a leaflet sent which gives the person 10 days to respond. They are contacted thereafter to arrange a visit. It is important to note that a person can opt out at any time.

AA questioned the case load level and whether offering a holistic approach put a heavy demand on the service. SN responded that the resources were available and that the case load level per PIC was 20. Also that the contact level was dependent on need which varied from person to person.

SN emphasised the need for PICs to start the guided conversations with what the PICs can do, not what the person they are visiting can't and that it was important to find an individual's motivator which varied enormously.

SN went through a couple of cases where PICS had been able to help people achieve their individual goals.

RG asked if they assisted those under 65. SN responded that Age UK covered people who were 50+, but that outbased commissioning within Croydon limited the PIC schedule to 65s and over, but that they were happy to advise on those people who were under 65.

MM asked if the voluntary sector was involved. SN said that their work incorporated lots of help from other voluntary groups. PICs were paid in the same way that a support worker is paid and have different skills sets. Because of this, volunteers were used for tasks such as helping someone to be able to walk down the road for example.

EG asked what they could do about those that didn't want to engage even if there was a need. SN replied that they have to respect someone's decision, but can be creative in the way people were worked with.

7. PDDS

SP gave a brief summary of the current position with regards to the PDDS scheme. The Practice is on track in terms of non-elective admission numbers, referrals and use of the Electronic Referral System. There is still a way to go in terms of Co-ordinate My Care Plans, but the final numbers required for these was currently under discussion with the CCG.

8. GP Patient Survey Results

Dr Ingram went through the results of the survey which showed that generally the Practice was performing above both the CCG and National Average.

What this practice does best

These are the three results for this practice that are the highest compared to the CCG average

- 79% of respondents usually wait 15 minutes or less after their appointment time to be seen. Local (CCG) average: **61%** National average: **64%**
- 90% of respondents find it easy to get through to this surgery by phone. Local (CCG) average: **73%** National average: **71%**
- 90% of respondents would recommend this surgery to someone new to the area. Local (CCG) average: **76%** National average: **77%**

It was noted that the response rate for the Surgery was 53% with 117 out of 220 being returned. This was a much better rate than that previously achieved in the waiting room survey.

9. Any Other Business

It was noted that this would be Dr Gardiner's last PPG meeting before his retirement and Mr McMullan said that he was sure he spoke for everyone when he thanked Dr Gardiner for all his hard work and commitment to the patients of Hartland Way over the last 30 years. These thanks were echoed by all those present.

Next Meeting – Thursday 19th July – to be confirmed